# SPONSORSHIP FORM for MGS Christie-mas Dash

REW No (office use only):

PARTICIPANT NAME: …… TEAM NAME/COMPANY……

PARTICIPANT ADDRESS: ……

EVENT: …….. EVENT DATE: …….....

The Christie
CHARITABLE FUND
TOWARDS A FUTURE WITHOUT CANCER

This sponsorship form should only be used in conjunction with an official letter of recognition issued by the Christie Appeals Office. Any person under the age of 16 years requesting sponsorship should be accompanied by an adult. Authorised events are covered by the Christie's Public Liability Insurance except where the event may be considered as risky. Please check your event is covered.

**We, who have given our name, home address and postcode below, and who have ticked the box entitled 'Gift Aid', want Christie to reclaim tax on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation. Please note - Gift Aid is not applicable to company donations and cannot be claimed against personal donations made against a company address or for any address without a postcode.**

| FULL NAME | FULL HOME ADDRESS (Your full address is essential for claiming Gift aid, you will not automatically be added to our mailing list) | FULL POSTCODE | AMOUNT PLEDGED | AMOUNT GIVEN | DATE GIVEN | GIFT AID (✓) | RELATIONSHIP TO PARTICIPANT** |
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| FULL NAME | FULL HOME ADDRESS | FULL POSTCODE | AMOUNT PLEDGED | AMOUNT GIVEN | DATE GIVEN | GIFT AID (✓) | RELATIONSHIP TO PARTICIPANT** |
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| | | | Total Donations | £ | | | |

***THANK YOU FOR YOUR SUPPORT***

**PLEASE MAKE CHEQUES PAYABLE TO 'THE CHRISTIE ' AND RETURN ALL FORMS TO YOUR FORM TUTOR AT THE MANCHESTER GRAMMAR SCHOOL.**

Appeals Office, The Christie NHS Foundation Trust, Wilmslow Road, Withington, Manchester M20 4BX
Tel: 0161 446 3988 Fax: 0161 446 3991 E-mail: appeal@christies.org Website: www.christies.org Registered Charity No: 1049751

** If you are a relative of the person you are sponsoring, this may affect the charity's right to reclaim tax.

***To be completed by the Christie:*** *Date sums passed to charity:*